FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Washington, D.C. 20549

OMB APPROVAL								
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## Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

						_																	
1. Name and Address of Reporting Person*					2. Issuer Name <b>and</b> Ticker or Trading Symbol KOSS CORP [ KOSS ]										Relationship of Reporting Person(s) to Issuer (Check all applicable)								
KOSS MICHAEL J																Direc	ctor	X	10% C	wner			
-																	er (give title			specify			
(Last) (First) (Middle)								Transa	ction (M	onth/E	Day/Year)				X	belov	•		below)				
4129 NORTH PORT WASHINGTON AVENUE						11/11/2014											Presiden	t and CE	O				
(Ctroot)					4. If A	men	idment,	Date of	Original	Filed	(Month/Da	ay/Ye	ar)			vidual o	r Joint/Group	Filing (C	neck A	pplicable			
(Street) MILWAUKEE WI 53212																	Line)						
WIILWA	JREE W	1 ;	33212		1								X Form filed by One Reporting Person										
					1											Forn Pers	n filed by Mor	re than Or	e Rep	orting			
(City)	(St	ate) (	(Zip)													Pers	.011						
		Tab	le I - No	n-Deriva	ative S	Sec	urities	s Acq	uired,	Disp	osed o	f, o	Ber	efic	ially	Owne	ed						
1. Title of Security (Instr. 3) 2. Transa			ction		2A. Deemed		3.		4. Securities Acquired (A)						ount of	6. Ownership		7. Nature					
		•		Date (Month/D			Execution Date, if any		Transaction Code (Instr.					r. 3, 4	and	Securities Beneficially		Form: Direct (D) or Indirect	of Indirect Beneficial				
l (MC					,wondinDayrrear)		(Month/Day/Year)	8)		"					Owned Following		(I) (Instr. 4)		Ownership				
								Code V		Amount		(A) or		_	Reported Transaction(s)				(Instr. 4)				
									Coue	<u> </u>	Amount		(D)	Pric	е	(Instr.	3 and 4)						
C	C+1-			11/11	/2014				P		1 000		۸	"1	<b>F</b> 0	4.1	0 122	,		Trust for			
Common	Stock			11/11	11/11/2014				P		1,000		A	\$1.59		159,122		I		Children			
Common	Stock													$\top$		78	34,246	D					
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Common Stock															129,139		I		ESOP				
											l									By self			
											l									as co-			
Common Stock										l					857,949		I		trustee of				
									l									Nancy					
											l									Koss			
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						╫						$\dashv$		+									
Common Stock 11/11			/2014				P		5,000	0 A		\$1.65		65,461		I		By					
																			401(k)				
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned																							
								•		•	nvertib				-								
1. Title of	2.	3. Transaction	3A. Deem	ed .	4.		5. Nun	nber	6. Date E	xercis	able and	7. T	itle and	i	8. P	rice of	9. Number o	f 10.		11. Nature			
Derivative Security	Conversion or Exercise	Date (Month/Day/Year)	Execution if any (Month/Da		Transacti Code (Ins				Expiration Date (Month/Day/Yea			Amount of Securities				ivative derivative surity Securities			Ownership Form:	of Indirect Beneficial			
(Instr. 3)	Price of				8)	ou.	Secur	ities	(WOTHER)	ay/ I cc	x1 <i>)</i>	Underlying Derivative Security (Insti		J		tr. 5)   Beneficially	Direct (E	t (D)	Ownership				
	Derivative Security						Acqui (A) or	red							1		Owned Following	or Indirect (I) (Instr. 4		(Instr. 4)			
						Disposed					and 4)			1		Reported	1	··· .,					
					of (D) (Instr. 3, 4								1	Transaction (Instr. 4)		(s)							
							and 5)					L					`,						
				Г									An	nount	7								
												or	ımber										
						,				Date Expiration			of of		1								

**Explanation of Responses:** 

Remarks:

Michael J. Koss

11/12/2014

\*\* Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- \* If the form is filed by more than one reporting person, see Instruction 4 (b)(v).
- \*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.